FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # N0000002009 1. Entity Name 04-09-2002 90039 049 ****61.25 BASEBALL HEAVEN, INC. Principal Place of Business Mailing Address 3695 HARTSFIELD RD. 3695 HARTSFIELD RD. JACKSONVILLE FL 32277 JACKSONVILLE FL 32277 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 19-3432314 Not Applicable Country _, Zip . . _ .Country____ \$8.75 Additional 5. Certificate of Status Desired - - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCLAUGHLIN, DEBORAH J 8300 FT. CAROLINE RD. JACKSONVILLE FL 32277 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE Director MCLAUGHLIN, BERT S NAME NAME 8300 FT, CAROLINE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Change TITLE ☐ Delete TITLE ☐ Addition MCLAUGHLIN, BRENDA B NAME NAME 8300 FT. CAROLINE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32277 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition MCLAUGHLIN, DEBORAH J NAME NAME 8300 FT. CAROLINE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32277 CITY-ST-ZIP ■ Addition ☐ Delete MCLAUGHLIN, SAMUEL B NAME NAME STREET ADDRESS 8300 FT. CAROLINE RD. STREET ADDRESS CITY-ST-ZIP Jacksonville FL 32277 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition Walker, Esther C NAME NAME STREET ADDRESS 3695 HARTSFIELD RD. STREET ADDRESS CITY-ST-ZIP Jacksonville FL 32277 CITY-ST-ZIP TITLE ☐ Delete TITLE, Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.